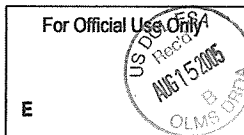


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8851	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Lynnie L Martin P.O. Box, Bldg., Room No., if any P.O. Box 279 Street 609 9th Ave. NW City Grand Rapids State Minnesota ZIP Code + 4 55744	4. Name, file number, and address of labor organization. Name I.B.E.W. Local Union 160 Labor Organization File Number 022522 P.O. Box, Building and Room Number, if any Street 2522 Marshall St. NE City Minneapolis State Minnesota ZIP Code + 4 55418
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Xcel Energy Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401	7.a. Nature of Interest, Transaction, or Income. 04/29/04 Apprenticeship-Lunch 7.b. Amount \$12

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Lynnie L Martin</i></u>	On <u>08/09/2005</u> Date	<u>218-326-0533</u> Telephone Number

Name of Person Filing Lynn Martin		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing.	
	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing **Lynnie Martin**File Number **U-****Part C Continuation Page****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant** (including trade name, if any).Name **Missouri Valley Apprenticeship and Training**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 271**

Street

City **Indianola**State **Iowa**ZIP Code + 4 **50125****14.a. Nature of payment.****05/29/04 Apprenticeship Sub-committee Lunch****13.b. Is the Business an Employer** ☒ or Consultant ☐ ?**14.b. Amount of payment.****\$8****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant** (including trade name, if any).Name **Missouri Valley Apprenticeship and Training**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 271**

Street

City **Indianola**State **Iowa**ZIP Code + 4 **50125****14.a. Nature of payment.****08/24/04 Apprenticeship Sub-committee Lunch****13.b. Is the Business an Employer** ☒ or Consultant ☐ ?**14.b. Amount of payment.****\$9****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant** (including trade name, if any).Name **Missouri Valley Apprenticeship and Training**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 271**

Street

City **Indianola**State **Iowa**ZIP Code + 4 **50125****14.a. Nature of payment.****10/13/04 Apprenticeship Sub-committee Lunch****13.b. Is the Business an Employer** ☒ or Consultant ☐ ?**14.b. Amount of payment.****\$10**

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Missouri Valley Apprenticeship and Training

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 271

Street

City Indianola

State Iowa ZIP Code + 4 50125

14.a. Nature of payment.

10/13/04 Apprenticeship Graduation Dinner Myself and guest

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$42

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Missouri Valley Apprenticeship and Training

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 271

Street

City Indianola

State Iowa ZIP Code + 4 50125

14.a. Nature of payment.

10/23/04 open house Lunch

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$10

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Missouri Valley Apprenticeship and Training

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 271

Street

City Indianola

State Iowa ZIP Code + 4 50125

14.a. Nature of payment.

12/21/04 Apprenticeship Sub-committee Lunch

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$9

Name of Person Filing Lynnie Martin	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Donovan Construction Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 53 S Owasso Blvd City S.Saint Paul State Minnesota ZIP Code + 4 55109	7.a. Nature of Interest, Transaction, or Income. Lunch
	7.b. Amount. <div align="right">\$15</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
	7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
	7.b. Amount.

Lynnie Martin

Transactions detailed in this form represent my good faith effort to reconstruct reportable transactions for the period from 1/1/04 to 12/31/04. Complete records of reportable transactions were not kept for that period, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there are transactions that should have been reported, I will promptly file an amended Form LM-30.

Lynnie Martin